

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Outreach Care Home LLC | CHAPTER 100.1 |
| Address: 98-1282 Hoohuali Place, Pearl City, Hawaii 96782 | Inspection Date: February 16, 2024 Initial |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – In DOH TB Document F, “Previous positive test for TB infection and negative symptoms screen” was checked off. No record for negative chest x ray was available at home.</p> <p>Please submit evidence that chest x ray was done, and it was negative.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>DCG WILL REVIEW ALL SCG REQUIREMENTS</p> <p>YES, SCG TB CLEARANCE SCREENING RESULT HAS BEEN COMPLETED & RECORDED IN THE PCG HOME BINDER.</p> <p>_ COPY ATTACHED</p> | <p style="text-align: right;">2/28/24</p> <p style="text-align: right;">24 MAR 12 P 1:17</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – In DOH TB Document F, “Previous positive test for TB infection and negative symptoms screen” was checked off. No record for negative chest x ray was available at home.</p> <p>Please submit evidence that chest x ray was done, and it was negative.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG WILL REVIEW ALL SCG REQUIREMENTS SUCH AS TB CLEARANCE SCREENING FOR THE COMPLETION OF DOH SECONDARY CAREGIVERS REQUIRED DOCUMENTS. ATTACHED IS THE COPY OF TB CLEARANCE COMPLETED FORM, & RECORDED AT PCG HOME BINDER.</p> <p>- I WILL REVIEW ALL RECORDS 2 MONTHS BEFORE INSPECTION MONTHS. IF UPDATES ARE NEEDED, I WILL LET SCG KNOW</p> | <p style="text-align: right;">2/28/24</p> <p style="text-align: right;">24 MAR 12 P 1:17</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-ORCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication cabinet in residents' living room had a key inserted in the lock upon department arrival.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, PRIMARY CAREGIVER CORRECTED THE DEFICIENCY.</p> | <p style="text-align: center;">3/6/2024</p> <p style="text-align: center;">24 MAR 12 P 1:16</p> <p style="text-align: center;">STATE OF HAWAII DSH - OHCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Order dated 1/11/2024 at admission was “Acetaminophen 325 mg, 2 Tab, Three times a day.” The order dated 1/12/2024 did not include Acetaminophen. The order dated 2/1/2024 listed “Acetaminophen 650mg ER tablet, take 1 tab by mouth three times per day.” Acetaminophen continued to be listed in medication administration record (MAR) as current. Physician’s order was not clarified.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>24 MAR 12 P 1:16</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 – Current order is “docusate 100MG Capsule, Take 1 cap by mouth once per day as needed for CONSTIPATION.” Per MAR, the medication was given daily. Response to medication and reasons why it was needed daily were not documented in progress notes.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p style="text-align: right;">24 MAR 12 P1:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-HIDA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – No legend for initials who administer medication in the February 2024 MAR.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, PRIMARY CAREGIVER CORRECTED & SIGNED THE MAR.</p> | <p style="text-align: center;">3/6/24</p> <p style="text-align: center;">24 MAR 12 P1:16</p> <p style="text-align: center;">STATE OF HAWAII DOI-ORCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Resident's binder was left on the desk in residents' living room upon department arrival.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, ITS BEEN CORRECTED & PUT THE BINDER IN THE SECURED & LOCKED AREA.</p> | <p style="text-align: center;">2/18/24</p> <p style="text-align: center;">24 MAR 12 P1:16</p> <p style="text-align: center;">STATE OF HAWAII BOB-CHCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent Resident Register, "Religion" was not recorded for one (1) current resident.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, PRIMARY CORRECTED IT & FILLED UP THE MISSING INFORMATION OF RESIDENT'S REGISTRY.</p> | <p style="text-align: center;">3/16/24</p> <p style="text-align: center;">24 MAR 12 P1:16</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No record that Primary Care Giver (PCG) trained SCG #1, #2, and #3 for blood glucose monitoring.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, IT WAS CORRECTED.</p> <p>- SCG #1, #2, & #3 WERE TRAINED FOR BLOOD GLUCOSE MONITORING BY PCG & DOCUMENTED.</p> | <p style="text-align: center; vertical-align: middle;">3/22/24</p> <p style="text-align: center; vertical-align: bottom;">24 MAR 12 P 1:16</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

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Licensee's/Administrator's Signature: _____

Michelle Sabangan

Print Name: _____

MICHELLE SABANGAN

Date: _____

3/7/2024

Michelle Sabangan 4/23/24

'24 APR 23 P 1 :29

STATE OF HAWAII
DOR-CHCA
STATE LICENSING

'24 MAR 12 P 1 :16

STATE OF HAWAII
DOR-CHCA
STATE LICENSING